The Rutland Learning Trust

Providing outstanding education for all pupils – today and tomorrow!

First-class education and care that allows every child to achieve their potential, regardless of location, prior attainment or background.

By……

Working Together

Sustaining Excellence

Transforming Lives

Intimate Care Policy 2025-6

WHY IS THIS POLICY REQUIRED:

To ensure intimate care is carried out properly across the Trust in line with agreed plans

WHAT CHANGES HAVE BEEN MADE:

New policy to ensure the needs of all children within the Trust, in all year groups, are appropriately addressed.

WHAT IS THE IMPACT OF THIS POLICY:

Clear guidance and procedures

DATE: January 2026

REVIEW DATE: January 2027

Data will be processed to be in line with our requirements and protections set out in the UK General Data Protection Regulation, Data Protection Act as amended by the Data (Use and Access) Act 2025.

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1. Aims

This policy aims to ensure that:

- Intimate care is carried out properly by staff, in line with any agreed plans
- The dignity, privacy, rights and wellbeing of every child are safeguarded
- Pupils who require intimate care are not discriminated against, in line with the Equality Act 2010
- Parents/carers are assured that staff are knowledgeable about intimate care and that the needs of their child are taken into account
- Staff carrying out intimate care work do so within guidelines (i.e. health and safety, manual handling, safeguarding protocols awareness) that protect themselves and the pupils involved

Intimate care refers to any care that involves toileting, washing, changing, touching or carrying out an invasive procedure to children's intimate personal areas.

2. Legislation and statutory guidance

This policy complies with the Department for Education (DfE) statutory safeguarding guidance:

- Keeping Children Safe in Education
- Early Years Foundation Stage (EYFS) statutory framework

It also complies with our funding agreement and articles of association.

3. Role of parents/carers

3.1 Seeking parental permission

For children who need routine intimate care (e.g. for nappy changes or toileting accidents), parents will be asked to:

- Sign a consent form
- Provide an adequate supply of necessary items (e.g. nappies, wipes, creams, changes of clothing)

For children who need routine or occasional intimate care (e.g. for toileting or toileting accidents), parents/carers will be asked to sign a consent form.

For children whose needs are more complex or who need particular support outside of what's covered in the consent form (if used), an intimate care plan will be created in discussion with parents/carers (see section 3.2 below).

Where there isn't an intimate care plan or parental consent for routine care in place, parental permission will be sought before performing any intimate care procedure.

If the school is unable to get in touch with parents/carers and an intimate care procedure urgently needs to be carried out, the procedure will be carried out to ensure the child is comfortable, and the school will inform parents/carers afterwards.

3.2 Creating an intimate care plan

Where an intimate care plan is required, it will be agreed in discussion between the school, parents/carers, the child (where possible) and any relevant health professionals.

The school will work with parents/carers and take their preferences on board to make the process of intimate care as comfortable as possible, dealing with needs sensitively and appropriately.

Subject to their age and understanding, the preferences of the child will also be taken into account. If there's doubt whether the child is able to make an informed choice, their parents/carers will be consulted.

The plan will be reviewed twice a year, even if no changes are necessary, and updated whenever there are changes to a pupil's needs.

See Appendix 1 for a plan.

3.3 Sharing information

The school will share information with parents/carers as needed to ensure a consistent approach. Parents/carers are expected to also share relevant information regarding any intimate matters as needed.

4. Role of staff

4.1 Which staff will be responsible

Any positions which may be required to carry out intimate care will have this set out in their job description. This includes teaching assistants.

No other staff members can be required to provide intimate care.

The Headteacher will:

- Oversee the implementation of this policy
- Ensure staff receive appropriate training and support
- Oversee the development of individual intimate care plans
- Act as a point of contact for parents/carers/staff regarding intimate care concerns

4.2 How staff will be trained

Staff will receive:

- Training in the specific types of intimate care they undertake
- Regular safeguarding training
- If necessary, manual handling training that enables them to remain safe and for the pupil to have as much participation as possible

They will be familiar with:

- The control measures set out in risk assessments carried out by the school
- Hygiene and health and safety procedures

They will also be encouraged to seek further advice as needed.

5. Intimate care procedures

During nappy changes, toileting and any intimate care procedure, staff will balance children's privacy with safeguarding and support needs.

5.1 Staffing

In general, 1 member of staff will be present with each child, except for circumstances where:

- 2 members of staff are needed to:
  - Safely handle a child who needs to be assisted
  - Use equipment such as a hoist
- There is a known risk of false allegations by the pupil

In cases where a pupil needs regular intimate care, where possible, the same member of staff will assist the same pupil each time they need support. We will train 2-3 members of staff per child to cover absences, emergencies and school trips. Where possible, we will ensure that these backup members of staff are also people known to the child.

Male members of staff may be allocated to change female pupils or vice versa. The decision to allocate a member of staff of a different gender to the pupil will be discussed with the parents/carers and pupil, if appropriate.

5.2 Arrangements

Procedures will be carried out in [explain where in your school procedures will take place giving details of how privacy is maintained such as a designated changing area, toilet cubicle].

Before going to perform intimate care on a child, the member of staff allocated to that child will inform another member of staff of where they are going, and leave doors open as much as privacy allows. Where possible, they should be within earshot of other members of staff, but the comfort and care of the child should be the priority when choosing a location.

When carrying out procedures, the school will provide staff with:

Include a list of the equipment your school provides to staff, such as protective gloves, cleaning supplies, changing mats and bins.

For pupils needing routine intimate care, the school expects parents/carers to provide, when necessary, a good stock (at least a week's worth in advance) of necessary resources, such as nappies, underwear and/or a spare set of clothing.

Any soiled clothing will be contained securely, clearly labelled and discreetly returned to parents/carers at the end of the day.

Explain if/how instances of intimate care are recorded (including, for example, date/time, staff involved, any relevant observations such as skin integrity) and reported to parents/carers, if appropriate.

5.3 BEST PRACTICE

Staff Responsibilities

Staff who provide personal and intimate care are trained to do so and are aware of best practice. All procedures, but particularly Intimate care procedures are covered during induction meetings for new staff and new members of staff are allocated a buddy during their induction period. As part of their role, staff will be aware of and comply with other related school policies including:

- Child Protection
- Staff Code of Conduct
- Health and Safety
- Manual Handling
- Induction

All staff are role models and will act as a critical friend if they feel procedures are not being followed appropriately.

Appropriate apparatus will be provided to assist with personal and intimate care arrangements following assessment from physiotherapists, occupational therapists or manual handling trainers as required. Appropriate spaces will be used for carrying out personal and intimate care tasks. It is the responsibility of staff to keep these spaces clear and tidy.

Where intimate care is carried out related to managing medical needs of children, staff will follow individual health care plans. Please refer to the 'Supporting Children with Medical Needs in School' policy for further information.

Staff will be supported to adapt their practice in relation to the needs of individual children, taking into account developmental changes and medical needs. Staff also need to be aware of any skin intolerances or allergies that children may have. Staff will also be supported to adapt their practice in relation to the needs of individual pupils, taking into account developmental changes such as the onset of puberty and menstruation.

Each child should be supported in their preferred method of communication (verbal, symbolic, signing etc) to discuss their needs and preferences. The child should be aware of each procedure that is carried out and the reasons for it and strong cues will be given that enable the child to anticipate and prepare for events.

Children will be supported to achieve the highest level of independence that is possible, given their abilities, with staff encouraging them to do as much for themselves as they can. This will be maximised by talking to the children throughout and giving them as much ownership of the intimate care process as possible.

Staff need to use appropriate anatomical language for private body parts when talking to one another and to the children. Appropriate language should also be used to refer to bodily functions eg. 'bowel movement', 'soiling'. Staff will provide a narrative of the experience to reassure the child of what is going to happen, allowing them to feel prepared.

Intimate care plans will be drawn up as appropriate to suit the needs of the child. (See Appendix 1). These plans will be drawn up and reviewed by the class team at the end of each school year as a matter of course, but also as required throughout the year. These are kept in the class green grab file. Plans will include information such as the amount of support needed and details of any equipment or resources to be used.

The Bristol Stool Chart helps assess how long the stool has spent in the bowel. Type 1 has spent the longest time in the bowel and type 7 the least time. A normal stool should be a type 3 or 4 and, depending on the normal bowel habits of the individual, should be passed once every one to three days. On some occasions children's stools will not present normally but this will be normal for them. In this situation a Bristol Stool Chart will be attached to the intimate care plan. (Appendix 3)

Children's right to privacy will be respected. Careful consideration will be given to each child's situation to determine how many members of staff might need to be present when a child needs help with intimate care.

School will ensure that all staff are aware of the need for confidentiality. Personal and sensitive information will only be shared with those who need to know.

As part of our infection control measures, staff will wear the appropriate level of PPE for the intimate or personal care task and dispose of any waste in the appropriate way.

Staff training includes awareness of best practice regarding infection control, including the requirement to wear disposable gloves and aprons where appropriate, the importance of hand hygiene and donning/doffing procedures.

Supporting the Learner

Staff will communicate carefully with learners, using their usual communication method, to discuss their needs and preferences. Wherever possible the learner's wishes and preferences will be taken into account.

School will take into account the religious views, beliefs and cultural values of the learner and their family as far as possible when undertaking personal care.

School will work with the learner to promote positive self-esteem and body image and independence with self-care as far as is appropriate and practical.

5.4 Concerns about safeguarding

If a member of staff carrying out intimate care has concerns about physical changes in a child's appearance (e.g. marks, bruises, soreness), they will report this using the school's safeguarding procedures.

If a child is hurt accidentally or there is an issue when carrying out the procedure, the staff member will report the incident immediately to a member of the Senior Leadership Team.

If a child makes an allegation against a member of staff, the responsibility for intimate care of that child will be given to another member of staff as quickly as possible and the allegation will be investigated according to the school's safeguarding procedures.

Where the school notices an increasing pattern of soiling instances, it will first hold a meeting with parents/carers and with any other relevant individuals, such as medical professionals involved with the child to discuss why this might be occurring, and how to help the child. If the pattern continues, the school's designated safeguarding lead (DSL) will be notified. If there is other evidence which indicates a safeguarding concern, the DSL may contact the local authority designated officer (LADO), who will consider whether there is a safeguarding issue.

5.5 Specific procedures for nappy changing in nursery/early years

Insert brief explanation of your procedures here, including:

- Preparation and hygiene precautions (e.g., use of disposable gloves, aprons, handwashing)
- Location
- Changing and disposal of soiled items
- Record keeping

5.6 Specific procedures for toileting accidents

Schools are not expected to toilet train pupils. Parents should be encouraged to train their child at home as part of their daily routine, and schools should reinforce these routines whilst avoiding any unnecessary physical contact.

Where pupils are starting school without having been toilet-trained, staff will work with the pupil's parents/carers to agree on a care plan.

The school will record the number of soiling incidents in school, and liaise with the pupil's parent/carers about:

- The outcomes of relevant medical appointments attended by the child
- Whether there is a change in the pattern of soiling incidents, at home or at school
- Whether the current plan is working

Explain your procedures, such as communication with the child, privacy and discretion, post-care hygiene arrangements and recording and reporting.

5.7 Management of menstrual care

[Insert your exact procedures here/delete and amend as necessary]

All staff will be sensitive to the fact that:

- Girls at our school may start to menstruate
- While there is no shame or stigma attached to this, those pupils may wish to deal with it discreetly

The school will offer sensitive and practical information to pupils about:

- Where the sanitary products are
- How to use and dispose of them correctly

Period products available to pupils can be found at [insert 2 locations – 1 that pupils are able to access themselves, such as a basket within a pupils' toilet block, and another that staff can access discreetly on behalf of pupils, or when needing to access them to support with intimate care, such as in the staff or medical room].

Products available include [list the items you have available, e.g. sanitary towels, tampons, period pants]

Staff will not directly assist with the physical act of changing sanitary products unless specifically requested by the child and agreed with parents/carers in an individual care plan due to specific needs.

Age-appropriate education on puberty and menstrual hygiene will be provided as part of the PSHE curriculum.

6. Monitoring arrangements

This policy will be reviewed annually and approved by Local Governing Bodies.

7. Links with other policies

This policy links to the following policies and procedures:

- Accessibility plan
- Child protection and safeguarding
- Health and safety
- SEND
- Supporting pupils with medical conditions
- Safeguarding Policy
- PSHE policy

List any other related policies and procedures that you have here.

Appendix 1: Intimate care plan

PARENTS/CARERS	
Name of child	
Type of intimate care needed	
How often care will be given	
What training staff will be given	
Where care will take place	
What resources and equipment will be used, and who will provide them	
How procedures will differ if taking place on a trip or outing	
Name of senior member of staff responsible for ensuring care is carried out according to the intimate care plan	
Name of parent or carer	
Relationship to child	
Signature of parent or carer	
Date	
CHILD	
How many members of staff would you like to help?	
Do you mind having a chat when you are being changed or washed?	
Signature of child	
Date	

This plan will be reviewed twice a year.

Next review date:

To be reviewed by:

Appendix 2: Parent/carer consent form

PERMISSION FOR SCHOOL TO PROVIDE INTIMATE CARE	
Name of child	
Date of birth	
Name of parent/carer	
Address and contact details	
I give permission for the school to provide appropriate intimate care to my child (e.g. changing soiled clothing, washing and toileting)	☐
I will advise the school of anything that may affect my child's personal care (e.g. if medication changes or if my child has an infection)	☐
I understand the procedures that will be carried out and will contact the school immediately if I have any concerns	☐
I wish for the following to be taken into consideration by staff when administering intimate care to my child:	
I **do not** give consent for my child to be given intimate care (e.g. to be washed and changed if they have a toileting accident). Instead, the school will contact me or my emergency contact(s) and I will organise for my child to be given intimate care (e.g. be washed and changed). I understand that if the school cannot reach me or my emergency contact(s), if my child needs urgent intimate care, staff will need to provide this for my child, following the school's intimate care policy, to make them comfortable and remove barriers to learning.	☐
Parent/carer signature	
Name of parent/carer	
Relationship to child	
Date	

Appendix 3: Bristol Stool chart

It's important to know what healthy poo looks like.

NHS

Share this chart with the people you care for to help them identify whether they may be experiencing constipation.



Type 1

Separate hard lumps, like nuts (hard to pass)



Type 2

Sausage-shaped but lumpy



Type 3

Like a sausage but with cracks on the surface



Type 4

Like a sausage or snake, smooth and soft



Type 5

Soft blobs with clear-cut edges



Type 6

Fluffy pieces with ragged edges, a mushy poo



Type 7

Watery, no solid pieces. Entirely liquid

Appendix 4: Defining Intimate Care and Personal Care

(Rutland Learning Trust Summary Guidance – 2025)

Purpose

This document defines the difference between intimate care and personal care across Rutland Learning Trust (RLT) schools. It supports consistent, safe, and respectful practice that upholds every child's dignity, privacy, and wellbeing, in line with RLT policy, Keeping Children Safe in Education (DfE, 2025), NSPCC guidance (2024), and NHS infection control standards.

1. Intimate Care – Definition and Scope

Intimate care involves any physical assistance, contact, or exposure of a child's private or personal body areas during care or hygiene routines.

Intimate areas include:

- Genital area – penis, scrotum, vulva, vagina
- Buttocks and anal area
- Breasts and chest area (particularly during puberty)

Examples of intimate care include:

- Changing nappies, continence pads, or underwear after soiling
- Supporting with wiping or cleaning genital/anal areas after toileting
- Bathing, showering, or helping with menstrual hygiene (e.g., sanitary products)
- Cleaning after vomiting or other bodily fluid contact
- Applying prescribed creams or medical treatments to intimate areas
- Assisting with catheterisation, stoma care, or similar medical procedures

Such care must:

- Be delivered in accordance with an agreed Intimate Care Plan signed by parents/carers
- Be undertaken only by trained staff
- Respect the child's dignity, privacy, and cultural or religious values
- Follow NHS PPE and infection control guidance
- Be recorded and reported as set out in the RLT Intimate Care Policy

Key references:

- Rutland Learning Trust Intimate Care Policy (2025 draft)
- DfE Keeping Children Safe in Education (2025)
- NSPCC: Safer Working Practice – Providing Intimate Care (2024)
- NHS: Personal and Intimate Care in Schools (2023)

2. Personal Care – Definition and Scope

Personal care supports a child's general hygiene, comfort, and appearance where intimate body parts are not touched or exposed. It promotes independence and the development of self-care skills.

Examples of personal care include:

- Helping with washing hands, face, or brushing teeth
- Supporting with dressing or undressing for PE
- Encouraging or reminding a child to use the toilet

• Supervising or prompting hygiene routines (e.g., nose wiping, hand sanitiser)
• Assisting with hair brushing or applying sun cream (non-intimate areas only)

Personal care should:
• Encourage independence and body confidence
• Be conducted with professional sensitivity and respect
• Follow the school's safeguarding and hygiene procedures

Key references:

• DfE Early Years Foundation Stage Framework (2024)
• NSPCC: Safer Working Practice for Adults Working with Children (2024)
• NHS Health Education: Helping Children Develop Good Hygiene Habits

3. Key Distinction

Aspect	Intimate Care	Personal Care
Body Areas Involved	Genital, anal, or breast areas	Non-intimate (hands, face, hair, limbs)
Nature of Contact	Direct physical contact or exposure	Supervision, prompting, or minimal contact
Consent/Plan Required	Written consent and Intimate Care Plan	No written consent (general expectation)
Training	Specific intimate care	General safeguarding and hygiene training
Recording	Must be logged in line with policy	Not routinely recorded unless concern arises